EXHIBIT C

and the same	Casi Distri	COLOR OF NEVADA	n ³ 10ke	OF OF CLAIM	5 Page Pag	[2 2 01 10
Ivan	ne of Debtor	ம் நிற்ற நிடித்தி உளியில் இண்ண இண்ண இண்ண இண்ண இண்ண இண்ண இண்ண இண	Case Nu	mber:		
U	USA Commercial Mortgage Company 06-10		06-107	725-LBR		
This arisin admi	form should not be used ng after the commencer inistrative expense may ne of Creditor and MCKNIGHT, 233 BRANCE FREEFORT	1132124203724 JANES HAVE NY 11520	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	WHOSE LOAN IS DEBTORS YOU I OF CLAIM. THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE if you have ain Bankruptcy Court	LY OWED MONEY BY A BORROWER BEING SERVICED BY THE DO NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT. ILS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS. Bedy filed a proof of claim with the or BMC, you do not need to file again. EE IS FOR COURT USE ONLY
	four digits of account or	other number by which creditor identifies	debtor:			E IS FOR COURT USE UNLT
	noar aigno or account or	Carlot Hallings by Minds in John Roseminse		Check here replace or if this claim amer	 a previously 	filed claim dated:
-	ASIS FOR CLAIM		Retiree	penefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against service
	Services performed	∐ Taxes —	Last four	r digits of your SS #:		(not for loan balances)
EX	Money loaned	U Other (describe briefly) BINFOR, JULIE	Unpaid o	compensation for services pe	rformed from:	(date) to (date)
2. D	ATE DEBT WAS INCUR	RED: 3/7/54	3. IF C	OURT JUDGMENT, DATE C	BTAINED:	
		AIM. Check the appropriate box or bexes the	at b est descr	ibe your claim and state the amo	unt of the claim at	the time case filed.
1	ee reverse side for importan SECURED NONPRIORI	•		SECURED CLAIM		
		is no collateral or lien securing your claim, or b) your claim		our claim is secu	red by collateral (including
		roperty securing it, or if c) none or only part of y		a right of setoff).		-
UNS	BECURED PRIORITY CI	LAIM		Brief description of	_	_
		an unsecured claim, all or part of which is		Real Estate	_ Motor Vehicle	Other
	entitled to priority.			Value of Collateral	: \$	
	Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in
	Specify the priority of the o			secured claim, if any:	\$ UNKUL	
Ш		ons under 11 U.S.C. § 507(a)(1)(4) or (a)(1)(B)		Up to \$2,225° of deposits town	ard purchase, lease	e, or rental of property or
		issions (up to \$10,000)*, earned within 180 days otcy petition or cessation of the debtor's	s	services for personal, family, of Taxes or penalties owed to go		
_		tier - 11 U.S.C. § 507(a)(4).	. =	Other - Specify applicable par		
	Contributions to an employ	vee banefit plan - 11 U.S.C. § 507(a)(5)	-	* Amounts are subject to adju		•
-	OTAL AMOUNT OF OL		10-10-11-11-11-11-11-11-11-11-11-11-11-1	with respect to cases commer	nced on or after the	
1 4	OTAL AMOUNT OF CLA AT TIME CASE FILED:	T		\$		\$ SEE ATTACHED
X	Check this box if claim inc	(unsecured tudes interest or other charges in addition to t	:) the pr incipal	secured) amount of the claim. Attach ite	(priority) mized statement (しかよんる[total]人 of all interest or additional charges.
7. S	SUPPORTING DOCUI unning accounts, contra DOCUMENTS. If the do	MENTS: Attach copies of supporting doc cts, court judgments, mortgages, security cuments are not available, explain. If the PY: To receive an acknowledgment of the	agre ement agre emen t docu ments	uch as promissory notes, pun ts, and evidence of perfection s are voluminous, attach a su	chase orders, inv of lien. DO NO mmary.	voices, itemized statements of OT SEND ORIGINAL
1	ACCEPTED) so that it is for each person or entit	npleted proof of claim form must be set s actually received on or before 5:00 pn ty (including individuals, partnerships,	n, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units). BY MAIL TO: BMC Group			OR OVERNIGHT DELIVERY TO):	
7	Attn: USACM Claims Do	cketing Center	Attn: USA	oup ACM Claims Docketing Cente	or .	1.74
F	P. O. Box 911		1330 Eas	st Franklin Avenue		
DAT	El Segundo, CA 90245-0 FE	SIGN and print the name and title, if any, of t		do, CA 90245		
	, ,	this claim (attach copy of power of atto				
/	2/7/06	James Em	10ne	ght		

Case 06-10725-gwz Doc 8324-	-3 En	tered 04/20/11 16:4	45:35 Pag	<u>je 3 of 10</u>
	PRO	OF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	'25-LBR		
l sales and sale			i	
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative experience arising after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has	1	
administrative expense may be filed pursuant to 11 U S C § 503	JI (21)	filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address	statement giving particulars DE		DEBTORS YOU D	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
11321242037456	5	Check box if you have		D IN THE COLLECTION ACCOUNT
MONIGHETTI PETE 6515 FRANKIE LANE		never received any notices from the bankruptcy court or	DO NOT FILE THE	S PROOF OF CLAIM FOR A
PRUNEDALE CA 93907	1	BMC Group in this case		EST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the		ady filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number ()	Jahana.	court.	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	ebtor	Check here replac	2 Drawinilely	filed claim dated
		amen	ds	
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death		enefits as defined in 11 U S	_	Unremitted principal
Services performed Taxes	_	salanes and compensation (fill out below)	Other claims against servicer (not for loan balances)
☐ Money loaned ☐ Other (describe briefly)		digits of your SS # ompensation for services per	formed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descn		unt of the claim at th	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	vir alaim ia assur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) of exceeds the value of the property securing it or if c) none or only part of your	your claim	a right of setoff)	rdi ciaim is secui	ed by collateral (including
entitled to priority		Bnef description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward services for personal family of		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable para	agraph of 11 U S C	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$	1,509			\$ 1,509,96355
AT TIME CASE FILED (unsecured)		ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach ite	mized statement of	fall interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts, court judgments mortgages security a	<i>ments</i> , su	ch as promissory notes pure	thase orders invo	cices itemized statements of
DOCUMENTS If the documents are not available explain. If the de	ocuments	are voluminous attach a sur	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of y	our claim enclose a stampe	d self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent	by mail c	or hand delivered (FAXES N	от Г	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm,	, prevailin	g Pacific time, on Novembe	er 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, co governmental units)	•	•	ì	Ellen
BMC Group	BMC Grou	•	i	FILED
		CM Claims Docketing Cente Franklin Avenue	r	NOV 10 2006
El Segundo CA 90245-0911	El Segund	to CA 90245		
DATE SIGN and point the name and title if any of the this Carm (attach copy of power of attorn		other person authorized to file		USA CMC
11806				1072501208

ENITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA						
Name of Debtor Case Number						
USA COMMERCIAL MORTGAGE OG-10725-LBR COMPANY						
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of						
Name of Creditor and Address DATINIQUE NAYLON, AN UNMARKID PO BOX 2 TOPAZ, CA 96133 Creditor Telephone Number (5.3a) 435 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PROWER THAT IS NOT roof of claim with the do not need to file again					
Lest four desta of account or a virial part of account or						
f this claim amends	dated 12/08/06					
Goods sold Personal injury/wrongful death Wages, salanes, and compensation (fill out below) Other	nitted principal claims against servicer or loan balances)					
Services performed Last four digits of your SS # Unpaid compensation for services performed from SEE EXHIBITA (date)	to					
2 DATE DEBT WAS INCURRED 05 19 105 3 IF COURT JUDGMENT, DATE OBTAINED						
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case See reverse side for important explanations	filed					
UNSECURED NONPRIORITY CLAIM \$ 5 24 , 48 . 8 Check this box if a) there is no collateral or lien securing your claim or b) your claim is exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority SECURED CLAIM Check this box if your claim is secured by collateral a right of setoff) Brief description of collateral	eral (including					
UNSECURED PRIORITY CLAIM Real Estate	her					
Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ UNKNOW	IN					
Amount entitled to priority \$ Amount of arrearage and other charges at time cases Specify the priority of the claim \$ 380.27						
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of	property or					
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	07(a)(7)					
Contributions to an employee benefit plan 11 U S C § 507(a)(5) Other Specify applicable paragraph of 11 U S C § 507(a)(6) *Amounts are subject to adjustment on 4/1/07 and every 3 years with respect to cases commenced on or after the date of adjustment.	ars thereafter					
5 TOTAL AMOUNT OF CLAIM \$ 584 148 81 \$ \$ 58						
AT TIME CASE FILED (unsecured) (secured) (priority) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest	(Total) or additional charges					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.						
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center	PACE FOR COURT USE ONLY					
DATE OI/OB/O7 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) DOMINICAL AND WIMARDS WOMAN						

TOTAL DISCOLLARION TO (10,00)					
UNITED STAILS BANKRUPTCY COURT	Dis	TRICT C	F Nevada		PROOF OF CLAIM
Name of Dubtor	Case	Number			111001 01 00 1111
USA Commercial Mort Game Come	Part 1	96-1	10725-6	Br	
NOTE This form should not be used to make a claim for an admini		ense ansı	ng after the comme	encement]
of the case. A request for payment of an administrative expense ma	ay be filed	pursuant	to 11 USC § 503		_
Name of Creditor (The person or other entity to whom the			you are aware that a proof of claim re		
dubtor owes money or property)			a proof of claim re attach copy of state		ł
ADRIAN JIR COSTHULZEN		ng particu			
Name and address where notices should be sent			you have never rec		
5860LUUSGNNT DAVE	case		те рапктирісу сог	irt in tinis	
RAND NU 89511			the address differs		
Reno, NV 89511 Telephone number 775-849-7869	1	ress on un court.	e envelope sent to	you by	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor			replaces		es halos
identifies debtor	ıf th	ıs claım	amends a prev	rously filed	d claim dated 12/11/06
1 Basis for Claim		Re	etiree benefits as d	efined in 11	I U S C § 1114(a)
Goods sold		□ w	ages salaries, and	compensat	ton (fill out below)
Services performed Money loaned			ist four digits of your paid compensation		
Personal injury/wrongful death			om		-
Taxes See FXHIBIT A		110	(date)		(date)
	12				
2 Date debt was incurred MAY-2005	3.	II cour	t judgment, date	obtained	
4 Classification of Claim. Check the appropriate box or boxes th	hat best des	cribe you	r claim and state th	ne amount o	of the claim at the time case file
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,355,647,65		Secur	ed Claum		
	•		Check this box if yo	our claim is	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	ir claim, or none or	a right	of setoff)		•
			Brief Description o		
Unsecured Priority Claim			Real Estate		
L Check this box if you have an unsecured claim all or part of we entitled to priority	which is		/alue of Collateral		
		Amour	nt of arrearage and it claim, if any \$_	other charge	es <u>at time case filed</u> included in
Amount entitled to priority \$					
Specify the priority of the claim		Up to \$2.	,225* of deposits t	oward purch	hase, lease, or rental of property sehold use - 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)		§ 507(a)		iny or nous	senord use - 11 O S C
Wages salaries, or commissions (up to \$10,000),* earned within	~ 10/\ mm=				al units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 USC § 507(a)(4)	or s				f 11 USC § 507(a)()
		ounts are with resp	subject to adjustment to cases	ent on 4/1/0	07 and every 3 years thereafter after the date of adjustment
Contributions to an employee benefit plan - 11 U S C § 507(a) Total Amount of Claim at Time Case Filed)(5)		4765\$13546		
	3	Kunsecure	d) (secured) (pr	7/355/647.65 nonty) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges	ution to the	principa	I amount of the cla	um Attach	itemized statement of all
6. Credits The amount of all payments on this claim has been	credited ar	d deduct	ed for the purpose	of T	HIS SINCE IS FOR COURT USE ONLY
making this proof of claim			•	- 1	The second of th
7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts contra	ents, such a	s promiss	sory notes, purchas	se l	
agreements, and evidence of perfection of lien DO NOT SENI	D ORIGIN	AL DOC	i, mortgages, secut		4 0 0007
documents are not available explain If the documents are volun	ninous, atta	ich a sum	mary		D JAN 10 2007
8. Date-Stamped Copy To receive an acknowledgment of the file	ing of your	claım, eı	nclose a stamped, s	elf-	
addressed envelope and copy of this proof of claim Date Sign and print the name and title of one of the					
Date Sign and print the name and title, if any, of the file this claips (attach copy of power of attorn	ne creditor nev, if anv)	or other j	person authorized	to	
1.12.07 A (11012)	JJ.			•	USA CMC
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() 11 					1070504005

Case 06-10725-gwz Doc 8324-	3 En	tered 04/20/11 16:4	5:35 Page	e 6 of 10	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRC	OOF OF CLAIM	3		
Name of Debtor	Case Nu	mber			
USA Commercial Mortgage Company	06-107	25-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address OPPIO CATHERINE 430 GONOWABIE P O BOX 15 CRYSTAL BAY NV 89402	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	WHOSE LOAN IS IDEBTORS YOU DO OF CLAIM THIS IDEBTORS HELD DO NOT FILE THIS SECURED INTERE ONE OF THE DEBTORS If you have alrea	OWED MONEY BY A BORE BEING SERVICED BY THE D NOT HAVE TO FILE A PRO NCLUDES MONEY FROM TO D IN THE COLLECTION ACC B PROOF OF CLAIM FOR A EST IN A BORROWER THAT TORS ady filed a proof of claim with to IT BMC you do not need to file	OOF HAT COUNT IS NOT
Creditor Telephone Number ()		court.	THIS SPACE	IS FOR COURT USE ON	NLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or if this claim amer	a previousiy 1	ileo ciaim dated _7 - c	24
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)	Wages :	penefits as defined in 11 U S salaries and compensation (digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against (not for loan balances)	service
2	•	•		to (date) (date)	
2 DATE DEBT WAS INCURRED	<i>erus 1</i> 3 if C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)	
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations		be your claim and state the amo		e time case filed	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority) your claim our claim is	SECURED CLAIM Check this box if you a right of setoff) Brief description of		ed by collateral (including	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	Motor Vehicle	Other	
Amount entitled to priority \$				at time case filed included	lın
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	secured claim, if any			
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	` _	Up to \$2 225* of deposits town services for personal family of Taxes or penalties owed to go	or household use -11 overnmental units 1	USC § 507(a)(7) 1 USC § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u>L</u>	Other - Specify applicable par * Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 and	l every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$		\$252	021.41	\$	
AT FIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach ite	(pnonty) mized statement of	(Total)	raes
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the company of the proof of claim.	<i>uments.</i> su agreement documents	uch as promissory notes, puress and evidence of perfection are voluminous attach a sui	chase orders, invo of lien DO NOT mmary	ices, itemized statements SEND ORIGINAL	
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	BY HAND BMC Gro Attn USA 1330 Eas	ng Pacific time, on Novemb ins, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	er 13, 2006 nd	THIS SPACE FOR CO USE ONLY	
DATE SIGN and print the name and title if any of the this claim (attach, copy of power of attor	he creditor o mey if any)	r other person authorized to file	450 AND 0574	USA CMC	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonme	ent tor up to	oyears or both 18USC §§	152 AND 3571	1072501846	

Case 06-	10725 gwz - Doc 8324-		<u>tered 04/20/11 16:4</u>	<u>5:35 </u>	<u>je 7 of 10</u>
* * *		PRO	OOF OF CLAIM		
Name of Debtor Case N			umber		
USA Commercial	Mortgage Company	BK-	5-06-10725 LBR		
ansing after the commencement of	ake a claim for an administrative exp f the case A "request" for payment o	ense of an	Check box if you are aware that anyone else has		
administrative expense may be file	d pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Add	11321241001495	5	statement giving particulars		
RENO AERONAU	TICAL CORPORATION	•	Check box if you have never received any notices		
DEFINED BENEFI C/O RICHARD R	T RETIREMENT PLAN		from the bankruptcy court or BMC Group in this case		HS PROOF OF CLAIM FOR A
PO BOX 1404			Check box if this address	ONE OF THE DE	REST IN A BORROWER THAT IS NOT EBTORS
CARSON CITY N	/ 89702-1404		differs from the address on the envelope sent to you by the	If you have all Bankruptcy Cour	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (775)			court		CE IS FOR COURT USE ONLY
Last four digits of account or other	number by which creditor identifies of	debtor.	Check here replace of this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM		Retiree I	benefits as defined in 11 U S		Unremitted principal
1 — —	Personal injury/wrongful death		salaries, and compensation (f	- ','	Other claims against service
	Taxes		r digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services per	formed from	to
2 DATE DEBT WAS INCURRED		3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
See reverse side for important explain	Check the appropriate box or boxes that nations	i dest descr		unt of the claim at	the time case filed
UNSECURED NONPRIORITY CL	am \$228,361. <u>12</u>		SECURED CLAIM Check this box if you	ur dem ie eeni	red by collateral (including
Check this box if a) there is no continuous exceeds the value of the property entitled to priority	ollateral or lien securing your claim, or b) your claim, or b) your claim, or f c) none or only part of you	your claim our claim is	a nght of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM			1		Other Guarantees
Check this box if you have an uns entitled to pnority	ecured claim all or part of which is		Value of Collateral	3 MOLOF VERICA	Other Other Other
Amount entitled to priority	\$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim	44 11 0 0 0 0 000 () () () () () () ()		secured claim, if any	3,36/.	12 Thterest
	er 11 U S C § 507(a)(1)(A) or (a)(1)(B) (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towar services for personal family or	rd purchase lease r household use -1	or rental of property or 1 U S C § 507(a)(7)
before filing of the bankruptcy petropushess whichever is earlier - 11	tion or cessation of the debtor's		Taxes or penalties owed to gov	vernmental units -	11 U S C § 507(a)(8)
Contributions to an employee ben			Other Specify applicable para * Amounts are subject to adjust		
5 TOTAL AMOUNT OF CLAIM			with respect to cases commend	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED		228,3			\$228,361-12
Check this box if claim includes in	(unsecured) iterest or other charges in addition to the	•	secured) amount of the claim. Attach item	(pnority) nized etatement c	(Total)
6 CREDITS The amount of all parts of SUPPORTING DOCUMENT	ayments on this claim has been credi	ited and d	educted for the purpose of mach as promissory notes. purc	aking this proof	of claim
DOCUMENTS If the document	urt judgments, mongages, secunty ag is are not available, explain—If the do	greement: ocuments	s, and evidence of perfection are voluminous, attach a surr	of lien DO NO nmary	T SEND ORIGINAL
proof of claim	o receive an acknowledgment of the				envelope and copy of this
ACCEPTED) so that it is actual for each person or entity (incl	proof of claim form must be sent illy received on or before 5 00 pm, uding individuals, partnerships, co	prevailin	a Pacific time, on Novembe	r 13 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	!	BY HAND	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing	•	BMC Grou Attn USA	up CM Claims Docketing Center		
P O Box 911 El Segundo, CA 90245-0911	•	1330 East	Franklin Avenue	FII F	D JAN 1 2 2007
	and print the name and title if any of the	creditor or	other nerson authorized to file		
January 11, 2007 5/	this claim (attach copy of power of attorned	ey if any)	Richard R Tra	Cay	USA CMC
Penalty for presenting fraudulent claim	s a fine of up to \$500 000 or imprisonmen		Super or both 48450 204	EQUALD COM	

ent for up to 5 years or both 18USC \$\$ 152 AND 3571

Pafine I Benefit Fension Plan

FORM 13-10 (Official Form 10) (10/05) UNI 'ED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		
UNI ED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM
Name of Debtor	Case Number 06-10725		
USA COMMERCIAL MORTGAGE COMPANY			
NOTE This form should not be used to make a claim for an administrative case \ request for payment of an administrative expense may be filed p	e expense arising after the com- pursuant to II U S C Section :	omencement of the	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are a else has filed a proof to your claim Attach	of claim relating	
ROBERT J AND RUTH ANN KEHL	giving particulars	copy of statement	
Name & address where notices should be sent	☐ Check box if you have		
JANET L CHUBB, ESQ	any notices from the	bankruptey court	
JONES VARGAS P O BOX 281	Check box if the add	ress differs from	
RENC, NV 89504-0281	the address on the env	velope sent to you	THIS SPACE FOR COURT USE ONLY
Telephone number 775-786-5000	by the court		THIS SPACE FOR COOK! OSE OVE!
Last four digits of account or other number by which creditor identif es debtor 500953 5	Check here □ replaces if this claim □ amends	a previously filed o	laım, dated
1 BASIS FOR CLAIM	☐ Retiree benefit		
☐ Goods sold	-	s, and compensation	
☐ Services performed ☐ Money loaned		of your SS # ensation for services	
☐ Personal injury/wrongful death	Onpaid Compe	insanon for act vibes	periorned from
□ Faxes	from	(date) to	
 Other <u>DEBTOR'S BREACHES</u> (see adversary complant 			(date)
2 Date debt was incurred 2003-2005	3 If court judgme	nt, date obtained	
4 Classification of Claim. Check the appropriate box or boxes	that best describe your cla	im and state the ame	ount of the claim at the time case
filed See reverse side for important explanations			
Unsecured Nonpriority Claim \$ 12,841,580 13 + accrued inter	rest less any Secured C		
postpetition payments received	1 1	this box it your clai luding a right of set	m is secured by collateral
☐ Check this box if a) there is no collateral or hen securing yo	ur claim or Drief	description of collar	
b) your claim exceeds the value of the property securing it, or if conly part of your claim is entitled to priority	none or Re	al Estate D Moto	Vehicle Other
only period your visit to provide		lue of Collateral \$	
Unsecured Priority Claim ☐ Check this box if you have an unsecured claim, all or part of entitled to priority	1	arrearage and other a secured claim, if a	charges at time case filed
Amount entitled to priority \$			
Specify he priority of the claim	□ Up to \$2 225* (of deposits toward p	ourchase, lease or rental of armly or household use - 11
☐ Domestic support obligations un 11 U S C § 507(a)(1)(A) or (a)(1)(B	USC § 507(a)	0(7)	
☐ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of	hin 507(a)(8) the	Ü	ental units - 11 U S C §
debtor's pusiness whichever is earlier- 11 U S C § 507(a)(4) ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)	1)(4) *Amounts are subject	ct to adjustment on 4/1	raph of 11 USC § 507(a) () 198 and every? years thereafter
5 Total Amount of Claim at Time Case Filed \$ 12,8	with respect to : 41,680 13 +/- \$	cases commenced on a	r after the date of adjustment \$
(w	nsecured) (secure	,	ority) (Total)
☐ Check this box if claim includes interest or other charges in a interest or additional charges			
6 Credits The amount of all payments on this claim has been of this proof of claim. SEE ABOVE	redited and deducted for th	e purpose of makin	
7 Supporting documents Attach copies of supporting document			
invoices itemized statements of running accounts, contracts, cour and evidence of perfection of lien DO NOTSEND ORIGINAL I	rt judgments, mortgages, se	ecurity agreements,	USA CMC
and evidence of perfection of them DO NOTSEND ORIGINAL is available, explain. If the documents are voluminous, attach a sun		unicins are not	
8 Date-Stamped copy To receive an acknowledgment of the fil		a stamped, self-	1072501660
addressed envelope and a copy of this proof of claim. Date Sign and print the name and title, if any, of the	reditor or other nerson out	horized to file this	
claim (attach copy of power of attorney, if any)	Î		
12/9/06 March Club JANET L CH	UBB, ESQ ATTORNEY	FOR CLAIMANT	c }

UNITED STATES BANKRUPTEV COURT 08324 DISTRICT OF NEVADA	PR	oof of CLAIM		gc.9 of 10 	
Name of Debtor	Case No	umber	Schedule/Claim II		
USA Commercial Mortgage Company	1	725-LBR	Amount/Classifica \$1 360 66 Unsect		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expression arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address THE RUBY M HILL FAMILY TRUST DATED DECEMBER 12 1992 C/O RUBY M HILL TRUSTEE 877 E MARCH LN APT 377 STOCKTON CA 95207 5880 Creditor Telephone Number (2047 952 -9069		aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies # 6673	debtor	Check here repla	ces a previously	r filed claim dated	
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly) 2 DATE DEBT WAS INCURRED CLASSIFICATION OF CLAIM See reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lien securing your claim or b) you entitled to priority	Wages, Last fou Unpaid 3 IF C best descri	SECURED CLAIM	our claim is secu	Unremitted principal Other claims against service (not for loan balances) to (date) (date) e time case filed red by collateral (including	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$		Value of Collateral Amount of arrearage a	\$nd other charges	at time case filed included in	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries or commissions (up to \$10 000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Secured claim if any Up to \$2 225* of deposits towas services for personal family of Taxes or penalties owed to go Other Specify applicable para Amounts are subject to adjust with respect to cases comment	ard purchase lease or household use 1: vernmental units 1 agraph of 11 U S Continent on 4/1/07 and	or rental of property or 1 U S C § 507(a)(7) 1 U S C § 507(a)(8) § 507(a) () d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$ 36 6 00 \$	26	44 00 \$		\$ 4005.00	
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) I amount of the claim Attach ite	(pnority) emized statement o	(Total) of all interest or additional charges	
 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u>, such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim 					
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	n, prevaili corporati BY HAND BMC Gro Attn US/ 1330 Eas	ing Pacific time, on Novembons, joint ventures, trusts at OR OVERNIGHT DELIVERY TO	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY Toled Date 9/29/2006	
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn 19–28–06 Penalty for presenting fraudulent claim is a line of up to \$500,000 or imprisonment	e creditor or ney if any) Mustu	other person authorized to file	2 AND 2571	USA CMC 1072500302	

Name of Debtor USA Commercial Mortgage Company NoTE: See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expenses array, shie for examinaciment of the ones A "requiser" for synamic and an administrative expenses array, shie for examinaciment of the ones A "requiser" for synamic and an administrative expenses are the stress of	Caso 06 10725 awa Doc 9	224-3 Ent	ered 04/20/11 16:4!	5:35 Pag	e 10 of 10
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NOTE: Site Reverse for List of Debtors and Case Number: This form should not be used to make a date for an administrative expanse arrang effect the case A "request" for payment of a commissative expense may be filed pursuant to 11 U.S. C. § 503 Name of Creditor and Address 11321242039211 TISCHER HILLIAN TAGE DOE AVENUE LAS VEGAS NV 8917 Creditor Telephone Number () Last Stud rights of account or other number by which creditor identifies deabtor Creditor Telephone Number () Last Stud rights of account or other number by which creditor identifies deabtor The SPACE LAIM (1994 by 1995) The SPACE SPECIAL STUDIES AND SPECIAL STUDIES AND SPECIAL S	Name of Debtor	Case Nu	ımber	ł	
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Selection and Address 1132/1242039211 TISCHLER HILLAN TA08 DOE AVENUE LAS VEGAS NV 89117 TISCHLER HILLAN TA08 DOE AVENUE LAS VEGAS NV 89117 TISCHLER HILLAN TA08 DOE AVENUE LAS VEGAS NV 89117 TISCHLER HILLAN TA08 DOE AVENUE LAS VEGAS NV 89117 TISCHLER HILLAN TA08 DOE AVENUE TA08 DOE T	This form should not be used to make a claim for an administra arising after the commencement of the case. A "request" for pa	ayment of an	aware that anyone else has filed a proof of claim relating		
Cast four digits of account or other number by which creditor identifies debtor Check here replaces a previously filed claim dated replaces a previously filed claim dated replaces replaces a previously filed claim dated replaces a previously filed claim dated replaces replaces replaces replaces a previously filed claim dated replaces re	TISCHLER HILLARI 7408 DOE AVENUE	2039211	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTE ONE OF THE DE If you have all	DO NOT HAVE TO FILE A PROOF SINCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOTEBTORS ready filed a proof of claim with the
Last four digits of account or other number by which creditor identifies debtor Securices performed	Cradita Talashara Nivebar				•
Cock Siss FOR CLAIM		antifica dalatar	COURT	THIS SPACE	CE IS FOR COURT USE ONLY
Goods sold	6085	endies debloi	of the claim Of	a previousi	y filed claim dated
Services performed Taxes Last four digits of your SS # Unpaid compensation (fill off pelow) Unifer clearis signatis service (for for lean betains signatis service (date) Unpaid compensation for services performed from (date) (date) 2 DATE DEBT WAS INCURRED S 3 F COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM S SECURED CLAIM S SECURED CLAIM S Check this box of a) there is no collateral or lene securing your claim or entitled to promity Check this box of a) there is no collateral or lene securing your claim or entitled to promity Check this box of a) there is no collateral or lene securing your claim or entitled to promity Check this box of you have an unsecured claim all or part of which is entitled to promity S Security Specify the promity of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Disposition of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Disposition of the property of the claim Secured claim, if any S Secured claim Secured claim S Secured claim S Secured claim S Sec		Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Money loaned		vvages		fill out below)	Other claims against service (not for loan balances)
2 DATE DEBT WAS INCURRED	Money loaned Other (describe briefly)		-	rformed from	
CLASSIFICATION OF CLAIM Check the appropriete box or boxes that beat describe your claim and state the amount of the claim at the time case filed	2 DATE DEBT WAS INCURRED 513:105	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no calleteral or her securing your claim or b) your claim secured the value of the property securing it or if c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority Amount entitled to priority Specify the priority of the claim Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority Amount of arrearage and other charges at time case filled included in secured claim, if any \$ Up to \$2.25° of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) Defore fling of the bankruptcy petition or cessation of the debtor's business whichever is entire! 11 U.S.C. § 507(a)(5) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(6) Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach temperad statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages security agreements, and evidence of perfection of lie DO NOT SEND ORIGINAL DOCUMENTS If the course of supporting documents are voluments are vo	4 CLASSIFICATION OF CLAIM Check the appropriate box or b				the time case filed
Check this box if a) there is no collateral or lien securing your claim or b) your claim is exceeded the value of the property securing it or if 0) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority. Amount entitled to priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to §10 000)* searned within 180 days before fling of the bankruptsy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) Total AMOUNT OF CLAIM	·		SECURED CLAIM		
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Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Amount entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10.000)* earned within 180 days before filling of the bankinguty petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Other Specify applicable paragraph of 11 U.S.C. § 507(a)(6) Other Specify applicable paragraph of 11 U.S.C. § 507(a)(6) Other Specify applicable paragraph of 11 U.S.C. § 507(a)(6) Total AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) (secured) (priority) (priority) (priority) (rotal) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach temized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain if the documents are voluminous, attach a summary Part of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC			Brief description of	collateral	
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